



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF PILOT COMMISSIONERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR APPRENTICE PILOT INSTRUCTION SHEET

When Apprentice Openings are Advertised

The Board advertises openings and accepts applications for Apprentice Pilots according to the needs of commerce and interests of public safety. Openings will be advertised in two newspapers of general circulation for at least one week.

When to Apply

You **must** be 21 years old to serve a Pilot Apprenticeship.

You **must** hold *either* a:

- Baccalaureate degree from either a recognized and certified college or university **or** maritime academy operated by the United States or a State
- or*
- U.S. Coast Guard-issued license to serve as a third-mate on all oceans, as a master in near-coastal waters aboard vessels over 1600 tons, or any higher class license.

The deadline for submitting your application and required documentation is **10/14/2016**. This means that your application must be postmarked or hand-delivered to the address above no later than the deadline. If your application is rejected for any reason, you must re-submit the corrected application by the deadline.

The deadline for submitting applications is 10/14/2016.
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Requirements for All Applicants

The following are required in order to be considered for an apprenticeship:

- ☐ Submit a completed, signed and notarized [Application for Apprentice Pilot](#).
 - **Do NOT list any names of references on the application.** If you enter names of references, your application will be rejected. If rejected, you must return it without identifying information on it by the deadline.
- ☐ Enclose the completed *Supplemental Questionnaire*. The *Questionnaire* form is included with the application form.
 - **You MUST enclose the Questionnaire with the application form.** Application forms received without the *Questionnaire* will be rejected.
 - **Do NOT enter your name or address and do NOT enter any other names on the Questionnaire.** If you enter names, your application will be rejected. If rejected, you must return it without identifying information on it by the deadline.
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
 - Applications submitted without this processing fee will be rejected.
- ☐ Submit proof of your age, such as a copy of your birth certificate or driver's license.

- ☐ If you have a baccalaureate degree, arrange for the Board office to receive an official transcript from either a:
- recognized or certified college or university, *or*
 - U.S.-operated maritime academy

The transcript must be sent directly from the school to the Board office *or* submitted in the ***school-sealed*** envelope from the school. If the envelope is not sealed, the transcript will not be accepted.

- ☐ If you hold a U.S. Coast Guard-issued license, submit a copy of the highest license you hold.
- ☐ Arrange for the Board office to receive your driving record, sent *directly* from the [Delaware Division of Motor Vehicles](#).
- ☐ If you have ever held a license to practice as a River Pilot – including as an apprentice – in any other jurisdiction (state, U.S. territory, or District of Columbia), arrange for the Delaware Board office to receive a license verification (letter of good standing) sent *directly* from *each* jurisdiction.
- ☐ If you have a criminal record, submit a certified copy of your criminal history record from *each* jurisdiction where you have a record.
- For information on obtaining a Delaware criminal history record, click [State Bureau of Identification](#).
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Interviews

The information provided on your *Questionnaire* will determine whether the Board selects you for an interview. The Board office will notify you if you are selected for an interview. If you are selected for an interview, you must submit a drug screening report and a current (within past six months) physical examination at your expense.

Examination

If you are selected for an apprenticeship, a Pilot Apprentice license will be issued. At the end of the apprenticeship, you must take a written examination. The examination will test knowledge acquired during the apprenticeship. If you pass the examination, a Sixth Class Pilot license will be issued to you.

Advancement

After you serve in each class for one year, you may apply to advance to the next higher class. The application will be sent to you several weeks before the year is up. To advance, you must submit:

- *Application to Advance from Pilot License Class to Higher Class*
- Non-refundable processing fee
- [Merchant Mariner Physical Examination Report](#) (Form CG 719K) by October 30 of that year

If you are applying to advance from Fourth to Third Class, you must also submit a [Squat Certification](#).

For more information on applying for advancement, visit [License Renewal and Advancement](#) or see Section 12.0 of the Board's [Rules and Regulations](#).



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APPLICATION FOR APPRENTICE PILOT

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last/Family First Middle ..
2. Other Names Used: ☐ None _____
(Include maiden, prior married, alternative spellings.)
3. Date of Birth (month/day/year): _____ Age: _____
Submit proof of your age, such as a copy of your birth certificate or driver's license.
4. Gender: ☐ Male ☐ Female
5. Do you have a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: _____
City State Zip code
7. Phones: _____ Email: _____ ☐ None
Daytime evening or cell

EDUCATION

8. High School Attended: _____ Grade Completed: _____
9. Do you have a baccalaureate degree from an accredited college/university or U.S.-operated maritime academy?
Yes ☐ No ☐ If yes, enter the following information about your education and arrange for the Board office to receive an official transcript. The transcript must be sent *directly* from the college/university or maritime academy to the Board office or submitted in the sealed envelope from the school.

SCHOOL	LOCATION	MAJOR	DEGREE	YEAR DEGREE RECEIVED

CERTIFICATIONS AND LICENSURE

10. Do you hold a U.S. Coast Guard-issued license to serve as a third-mate on all oceans, as a master in near-coastal waters aboard vessels over 1600 tons, or any higher class license? Yes ☐ No ☐ If yes, enter the highest U.S. Coast Guard license that you hold and submit a copy of the license: _____

11. Do you possess a valid driver's license? Yes ☐ No ☐ If yes, enter the following information about the license:
State: _____ License #: _____ Year Issued: _____ Status: _____
Has your driver's license ever been suspended or revoked? Yes ☐ No ☐

Arrange for the Board office to receive your driving record, sent *directly* from the [Delaware Division of Motor Vehicles](#).

12. Do you currently hold, or have *ever* held, a license to practice as a River Pilot – including an apprenticeship – in any other jurisdiction (state, U.S. territory or District of Columbia)? Yes ☐ No ☐ **If yes, list all licenses you have ever held.**

JURISDICTION	LICENSE NUMBER	IS THIS LICENSE <i>CURRENT</i> ?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for the Delaware Board office to receive a license verification (letter of good standing) sent directly from *each* jurisdiction listed above.

MILITARY HISTORY

13. Do you now or have you ever served in a U.S. military organization? Yes ☐ No ☐ **If yes, enter the following information and provide a Statement of Service (Form DD-214).**

Branch of Service _____ Dates of Service _____

WORK HISTORY

14. List your employment history for at least ***five*** years. Start with your current position and work backwards.

If you need more room, enter information on a separate sheet.

<p style="text-align: center;">POSITION 1</p> <p>Start Date: _____ End Date: _____</p> <p>Employer Name: _____</p> <p>Employer Address: _____</p>
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<p style="text-align: center;">POSITION 2</p> <p>Start Date: _____ End Date: _____</p> <p>Employer Name: _____</p> <p>Employer Address: _____</p>
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<p style="text-align: center;">POSITION 3</p> <p>Start Date: _____ End Date: _____</p> <p>Employer Name: _____</p> <p>Employer Address: _____</p>
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DISCLOSURES

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a complete explanation and a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau Of Identification](#).**
16. Are any criminal charges pending against you? Yes ☐ No ☐ **If yes, enclose a complete explanation and any documentation related to the charges.**
17. Have you received any administrative penalties (disciplines), including but not limited to fines, formal reprimands, license suspension or revocation, and probationary limitations? Yes ☐ No ☐ **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Board office.**
18. Have you entered into a consent agreement that places conditions on your professional conduct or practice, including any voluntary surrender of license? Yes ☐ No ☐ **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Board office.**
19. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
20. Do you have any impairment related to drugs or alcohol that would limit your practice of piloting a river boat? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

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AFFIDAVIT

I, the applicant, being duly sworn according to law, depose and say that the answers above set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested. I hereby confirm that I have read and agree to abide by all home inspector laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Delaware Board of Home Inspectors including providing relevant documents and personally appearing before the Board and/or its investigators.

Applicant Signature: _____ **Date:** _____

State of _____ County of _____

Sworn and subscribed to before me this _____ day of _____, 2____.

Signature of Notary Public: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.



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OFFICE USE ONLY

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PILOT APPRENTICE SUPPLEMENTAL QUESTIONNAIRE

INSTRUCTIONS

General Information

Enclose this form with *your Application for Apprentice Pilot* program. The information you provide in this supplemental questionnaire will determine your ranking and eligibility for an interview. You may add additional pages if you need more room.

IMPORTANT

- **You MUST enclose the Questionnaire with the application form.** Application forms received without the Questionnaire will be rejected.
- **Do NOT enter your name or address and do NOT enter any other names on the Questionnaire.** If you enter names, your application will be rejected. If rejected, you must return it without identifying information on it by the deadline.

Deadline

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1. List any specific courses, classes, or training you have completed in the following subjects:
 - Maritime pursuits (such as Sailing, Small Craft Handling, Navigation)
 - Emergency procedures (such as First aid, CPR, Fire Fighting, Life Saving, Search and Rescue, Abandon Ship)
 - Management/Leadership (such as Management Training, Communication Skills, Administration, Team Building, Project Management)
 - Maintenance and/or Operation of Large Engines/Machines

Do **not** include any courses that already appear on your college or academy transcript or any that are requirements for a U.S. Coast Guard license you hold.

SPONSOR	COURSE/TRAINING TITLE	LOCATION	DATES	
			To	From

2. List any hobbies or volunteer experiences related to the following.
- Maritime pursuits (such as Sailing, Boating, Crewing)
 - Emergency procedures (such as Volunteer Fire Fighting, Rescue Squad)
 - Management/Leadership (such as Leadership experience in a club, activity group or voluntary organization)
 - Maintenance and/or Operation of Large Engines/Machines

Describe the experience as specifically as possible. For example, in describing maritime pursuits, explain the nature of the craft(s) and your activities. Include the duration of the experience.

HOBBY OR VOLUNTEER EXPERIENCE	DESCRIPTION

3. In the two scenarios below, explain how you would react and how you would attempt to resolve the situations.

- You are engaged in a conflict with your supervisor in your workplace. This conflict causes a reduction in judgement and job performance and could result in your termination from your job.

- A conflict arises on the job with either a superior or another colleague that may potentially endanger the safety of the workplace or threatens the safety and welfare of others.

4. List any competitive or pressured performance activities including:

- Organized athletic activities (such as team sports)
- Individual activities (such as martial arts)
- Specialized military training (such as Rangers or Navy Seals)
- Musical or dramatic performances (such as band or debating)

Describe the activity, the duration of your participation, your role, and any awards received in the table below.

ACTIVITY	PARTICIPATION DATES	YOUR ROLE	AWARDS RECEIVED

5. As you consider being accepted as an apprentice in an extensive supervised training program, use the columns in the table below to explain your strengths and needs in each area.

AREA	YOUR STRENGTHS	YOUR NEEDS
Maritime Experience		
Emergency Procedures		
Management and Leadership		
Maintenance and Operation of Large Engines/Machines		

6. Have you ever been involved in a boating or shipping accident where you were responsible for reporting it to the U.S. Coast Guard, your employer or another agency? Yes ☐ No ☐ If yes, describe the occurrence and attach a copy of the accident report.
